



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lindane, and pantoprazole) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Accolate	Blephamide	Humalog	Patanol
Aceon*	Blephamide S.O.P.	Hyzaar	Pegasys
Aciphex	Bleph-10	Infergen	Phisohex
Actos	Capex Shampoo	Lanoxicaps	Poly-Pred
Adderall XR*	Cenestin	Lantus	Pramox
Advair Diskus	Cleocin (oral only)*	Lescol	Prandin
Advair HFA	Combivent	Lescol XL	Premarin (tabs only)
Aerobid	Concerta	Levemir	ProAir HFA
Aerobid-M	Cozaar	Lexapro	Protopic
Amoxil*	Daraprim	Luvox CR	Proventil HFA
Aricept	Daytrana	Maxair Autohaler	Qvar
Asmanex Twisthaler	Derma-Smoothe/FS	Maxalt	Relenza [†]
Astelin	Dexedrine*	Maxalt MLT	Ritalin*
Astepro	Diastat	Menest	Serevent Diskus
Atrovent HFA	Diovan	Micardis	Singulair
Avalide	Diovan HCT	Micardis HCT	Spiriva
Avandamet	Dynacirc CR	Nasacort AQ	Symbicort
Avandaryl	Elidel	Nasonex	Tamiflu [†]
Avandia	Eurax	Neosporin*	Tobrex*
Avapro	Exforge	Niacor	Treximet
AzaSite	Flovent Diskus	Niaspan	Tyzine
Azmacort	Flovent HFA	Nitro-Bid	Ventolin HFA
Azor	Focalin*	Norpace*	Veramyst
Bactroban Nasal	Focalin XR	Norpace CR*	Vigamox
Beconase AQ	Foradil	Optivar*	Vyvanse
Benicar	Glyset	Pataday	Xopenex HFA
Benicar HCT	Gris-Peg	Patanase	Zovirax (ointment only)

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 4/1/2010